



Attorney Docket No: 2001323-0009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roche, *et al.* Examiner: To, Baoquoc
Serial No.: 09/559,223 Art Unit: 2172
Filing Date: April 26, 2000
Title: SYSTEM FOR FULFILLING AN INFORMATION NEED

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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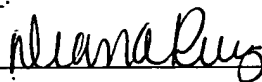
JUN 22 2004

Technology Center 2100

Sir:

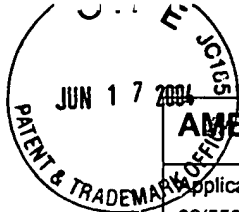
Certificate of Mailing

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Diana Ruiz

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. §1.111

In response to the Office Action mailed April 22, 2004, please amend the application as follows:



2172
41

AMENDMENT TRANSMITTAL LETTER

Docket Number
2001323-0009

Application Number
09/559,223

Filing Date
April 26, 2000

Examiner
To, Baoquoc

Group Art Unit
2172

Invention Title
SYSTEM FOR FULFILLING AN INFORMATION NEED

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application, including:

1. Response to Office Action Under 37 C.F.R. §1.111 (6 pgs.); and
2. Return-Receipt Postcard.

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JUN 22 2004


Technology Center 2100

CLAIMS AS AMENDED

Technology Center						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	20	Minus	129	0	x \$18	\$0.00
INDEPENDENT CLAIMS	4	Minus	31	0	x \$86	\$0.00
MULTIPLE DEPENDENT CLAIM ADDED					\$290	
					TOTAL	\$0.00
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$0.00


* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20."
*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3."
The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ☐ Please charge **Deposit Account Number 03-1721** in the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ to cover the filing fee,
- ☒ Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our **Deposit Account Number 03-1721**. A duplicate copy of this sheet is enclosed.


Sam Pasternack, Reg. No. 29,576

June 15, 2004
Date

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 15, 2004.


Diana Ruiz